

NAMED INVENTOR OR APPLICATION IDENTIFIER:

Riff et al.

MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SCHEME FOR REMOTE PATIENT MANAGEMENT

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EL 799 066 260 US, on this 29th day of August, 2001.

Sue McCoy

Printed Name

Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 52 (including claims and abstract: Spec. 32 sheets; Claims 19 sheets; Abstract 1

X Drawings:

Total sheets: 8

☐ formal ☒ informal

Combined Declaration and Power of Attorney: (UNEXECUTED)

- ☐ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Accompanying application parts:

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation of prior application No. _____
☐ Divisional of prior application No. _____
☐ Continuation-in-part (CIP) of application number _____, filed _____.
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number _____, filed _____.
☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
☐ The prior application is assigned of record to Medtronic, Inc.
☐ The Power of Attorney in the prior application is to: _____

APPLICATION FOR UNITED STATES LETTERS PATENT

for

MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SCHEME FOR
REMOTE PATIENT MANAGEMENT

by

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CERTIFICATE OF "EXPRESS MAIL"

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Date of Deposit: August 29, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service as "EXPRESS MAIL" POST OFFICE TO ADDRESSEE service under 37 CFR 1.10 on the date indicated above and is addressed to BOX PATENT APPLICATION, Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Sue McCoy

Printed Name

Signature

Sue McCoy

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☒ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/228,961, filed August 29, 2000, Serial No.(s) 60/228,674, filed August 29, 2000, Serial No.(s) 60/228,696, filed August 29, 2000, Serial No.(s) 60/228,685, filed August 29, 2000, Serial No.(s) 60/228,645, filed August 29, 2000, Serial No.(s) 60/228,699, filed August 29, 2000, Serial No.(s) 60/228,698, filed August 29, 2000, Serial No.(s) 60/228,697, filed August 29, 2000, and Serial No.(s) 60/228,696, filed August 29, 2000.

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FEE	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
CALCULATION					
Total Claims	74	20	= 54	x 18	972
Independent Claims	30	3	= 27	x 80	2160
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					3842

X Charge Deposit Account No. 13-2546 the sum of \$3842.00 (Filing Fee) for a total of **\$3842.00**.
X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/29/01
Date


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